

## Forwarding Letter by the Affiliating Institution/University

The In-charge,  
RFS Division  
Indian Council of Social Science Research (ICSSR)  
JNU Institutional Area  
Aruna Asaf Ali Marg,  
New Delhi - 110067

The \_\_\_\_\_ forwards the application of  
\_\_\_\_\_ for ICSSR Post Doctoral Fellowship by the ICSSR.

We agree to administer the funds, provide basic research infrastructure and provide the material and managerial assistance for the Fellowship. We shall open and maintain a dedicated bank account duly registered at PFMS portal for release of the ICSSR Fellowship Grant (Scheme Code-0877) without any delay. (Please refer notification given on ICSSR website – [www.icssr.org](http://www.icssr.org)).

The affiliating institution will be under obligation to ensure submission of the final report and audited Statement of Accounts along with Utilization Certificate (in the prescribed Performa GFR 12-A) duly certified by the competent authority of the institution

In case a scholar leaves /discontinues his fellowship/dies before completion of fellowship tenure, the affiliating institution shall immediately inform ICSSR, settle the accounts including the refund of any unspent balance within three months of submission.

If the scholar receiving the Fellowship leaves our institution to join some other institution after part of the sanctioned fellowship has been received, we would have no objection to the transfer of the fellowship to a new institution, if the ICSSR approves it. The institution, however, shall be responsible for submitting the audited statement of accounts and utilization certificate to the extent of the fellowship received.

On completion of the Programme / Project, the institution will make sure that all books / periodicals / equipment etc. purchased out of the fellowship grant by the scholar are deposited with us as the affiliating institution. We would also acknowledge the receipt of books/periodicals/equipment etc. from ICSSR in our records or book entries, and communicate the same to ICSSR, New Delhi.

Place:

Date: \_\_\_\_\_

\_\_\_\_\_

(Signature of the applicant)

Name: \_\_\_\_\_

Signature of the Director of the Institute/  
Registrar (with name and stamp)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_